

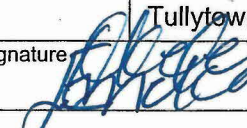
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Date of Notification (1) <b>08/29/2016</b>		Name of Building Owner/Operator (2) <b>Alaris Health</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>198 Stevens Avenue</b>	
		City, State, Zip Code <b>Jersey City NJ 07305</b>	
		Name of Contact <b>Greg Batroni</b>	Telephone Number <b>9736269722</b>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Alaris Health at Jersey City</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>198 Stevens Avenue</b>		Square Feet <b>20000</b>	# of Floors <b>4</b>
City (5) <b>Jersey City</b>		Bldg. Age <b>70</b>	
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <b>Elderly home</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Divine Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>TurningPoint Contracting Corporation</b>
Street Address <b>358 Broadway</b>		Street Address <b>51 Berkeley Terrace</b>	
City, State, Zip Code <b>Newark New Jersey 07104</b>		City, State, Zip Code <b>Irvington New Jersey 07111</b>	
Project Manager for Monitoring Firm <b>Chinyelu Oraegbunam</b>		Telephone No. <b>2014839788</b>	Telephone No. <b>9733722177</b>
		License No. <b>01238</b>	
Start Date (10) <b>09/08/2016</b>	Scheduled Completion Date (11) <b>09/30/2016</b>	Name of OSHA Monitor <b>JLC Environmental Inc</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>section of the work area is unoccupied.</u>		Street Address <b>30 West 25th Street</b>	
		City, State, Zip Code <b>New York NY 10007</b>	

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor			x	9x9 floor tiles and mastic	600sq	x			

Name of Registered Waste Hauler <b>Newark Carting Inc</b>		NJDEP Waste Hauler ID No. <b>4506</b>	Cubic Yards of Waste	Name of Registered Landfill <b>Tullytown Re Facility</b>	
City, State <b>Newark, NJ 07102</b>		Disposal Date		City, State <b>Tullytown PA</b>	
Completed by <b>Emeka Okeke</b>	Title <b>President</b>	Signature 		Date <b>08/29/2016</b>	